

NOV-30-2005 WED 02:55 PM WORKMAN NYDEGGER

FAX NO. 8013281707

P. 04

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ERIC L. MASCHOFF (Depositor's name)
 (Signature)
 November 30, 2005 (Date)

WORKMAN NYDEGGER
 (W/K/A WORKMAN NYDEGGER & SEBLEY)
 60 EAST SOUTH TEMPLE
 1000 EAGLE GATE TOWER
 SALT LAKE CITY, UT 84111
 12/01/2005 SFELEKE2 00000068 10683908

01 FC:1501 1400.00 OP
 02 FC:1501 300.00 OP
 03 FC:0001 3.00 OP

PUBLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/683,908	10/10/2003	Thomas Lenosky	15436.270	3070

TITLE OF INVENTION: CANCELLATION OF OPTICAL SIGNAL REFLECTIONS IN BI-DIRECTIONAL OPTICAL FIBERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PASCAL, LESLIE C	2633	398-021000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SF/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SF/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. WORKMAN NYDEGGER.....
 2.....
 3.....

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Finisar Corporation

Sunnyvale, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date November 30, 2005

Typed or printed name ERIC L. MASCHOFF

Registration No. 36,596

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P. 01

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60 East South Temple
Salt Lake City, Utah 84111
Phone: (801) 533-9800
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FAX TRANSMISSION COVER SHEET

Date: November 30, 2005
To: United States Patent & Trademark Office
ISSUE FEE
Art Unit 2633
Examiner Leslie C. Pascal
Fax: 571-273-2885
Phone:
From: Mandy Lomeli for Eric L. Maschoff
Re: Application No. 10/683,908
Filed October 10, 2003
Our File No.: 15436.270

YOU SHOULD RECEIVE 5 PAGE(S), INCLUDING THIS COVER SHEET. IF YOU
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Comments:

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P. 02

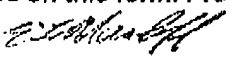
PAGE 2/5 * RCVD AT 11/30/2005 4:55:13 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/34 * DNIS:2732885 * CSID:8013281707 * DURATION (mm:ss):03:04

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FAX NO. 8013281707

P. 03

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.211)					Docket No. 15436.270	
Applicant(s): Thomas Lenosky						
Application No. 10/683,908	Filing Date October 10, 2003	Examiner Leslie C. Pascal	Customer No. 022913	Group Art Unit 2633	Confirmation No. 3079	
Invention: CANCELLATION OF OPTICAL SIGNAL REFLECTIONS IN BI-DIRECTIONAL OPTICAL FIBERS						
<p style="text-align: center;">Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450</p>						
Transmitted herewith are the following for the above-identified application.						
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85 <input checked="" type="checkbox"/> Utility Fee: \$ 1400.00 <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____ <input checked="" type="checkbox"/> Publication Fee: \$ 300.00 <input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 23-3178 as described below. <input type="checkbox"/> Charge the amount of _____ <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature ERIC L. MASCHOFF Attorney of Record Registration No.: 36,596		Dated: November 30, 2005				
cc:						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Certificate of Transmission by Facsimile This certificate may only be used if paying by deposit account.</p> <p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax No. _____) on _____ (Date) _____ (Signature) _____ Typed or Printed Name of Person Signing Certificate</p> </div> <div style="width: 45%;"> <p>Certificate of Mailing by First Class Mail</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence</p> </div> </div>						